



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
PATENT EXAMINING OPERATION

Applicant: R. Brown
Serial Number: 10/807, 820
Filing Date: 03/24/2004
Title: LINEAR-TRACKING WINDSHIELD WIPER SYSTEM
FOR WIPING A RECTANGULAR FIELD
Examiner: G. Graham, Art Unit 1744
Attorney Docket No.: RB-0110

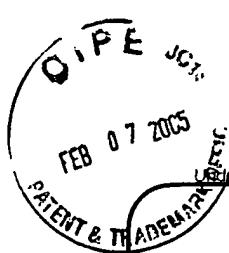
TO THE HONORABLE COMMISSIONER OF PATENTS AND TRADEMARKS
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INTRODUCTORY COMMENTS

This is in response to an Office Action dated 12/23/2004 and replaces a previous response submitted on 01/03/2005 wherein the non-elected claims were shown as "withdrawn" rather than "cancelled". Applicant wishes to cancel Claims 1-11 previously shown as withdrawn in order to avoid payment of a \$100 fee pursuant to Fee Code 2201, "Independent claims in excess of three." This action leaves three independent claims in the application: Claims 12, 20, and 21.

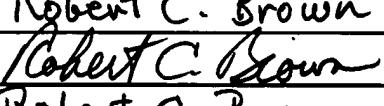
Listing of Claims 1 through 31 begins on page 2.

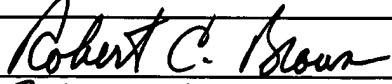
Remarks begin on page 8.



TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	10 / 807, 820
		Filing Date	03/24/2004
		First Named Inventor	Brown
		Art Unit	1744
		Examiner Name	Graham
Total Number of Pages in This Submission	8	Attorney Docket Number	RB - 0110

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Robert C. Brown		
Signature			
Printed name	Robert C. Brown		
Date	02/02/2005	Reg. No.	37,057

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Robert C. Brown		Date 02/02/2005

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